

Birdie Allen

Town

County

Died at Bethesda

Montgomery

MARYLAND

Date 1906 July 15 Y. M. D. Native of D.C. Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband  
of

X

Wife  
Father's  
Name

Unknown

Mother's  
Name

Unknown

Cause of { Primary Acute Enteritis

Death { Immediate

105

How long sick

3 days

Accident, Suicide, Homicide

Reported by

John A. Foote M.D.

Address

Foundling Home  
Bethesda.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1941

1941



Name  
in  
Full

Lucella Beall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oakdale</u> <small>Town</small>		<u>Montg</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>28</u> <small>Years</small>	<u>84</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	<u>House-wife</u>		Where Residing if not at place of death <u>Oakdale</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband <u>John Beall</u>		
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>"</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Watt Belt</u>			How related to deceased	<u>nephew</u>

## CAUSES OF DEATH

Primary	<u>General debility</u>	How long	<u>2 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 m</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. L. Chisore</u>
		Address	<u>Fairfax, Va</u>
Accident or Suicide?			<u>md</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North Chevy Chase</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>14</i>	Age <i>1</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robt Beale</i>	Fether's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Allen</i>	Mother's Birthplace <i>D.C.</i>				
Name of person giving information <i>Robt Beale</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>7 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Kennedy St</i>
Accident or Suicide? <i>—</i>	<i>MD</i>



Name

in  
Full

## CERTIFICATE OF DEATH

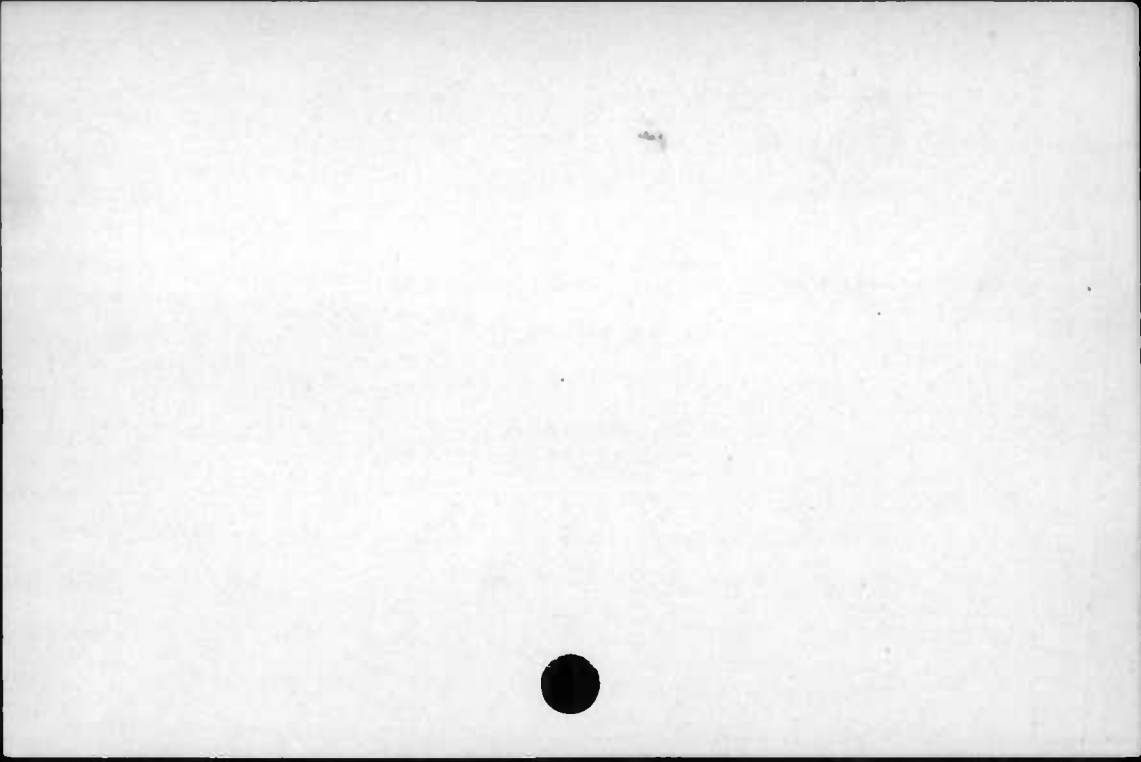
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garrett Park</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month	July	Day	16
Age	70	Years	7	Months	—
Sex	Male	Color or Race	white	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	widower	Name of Wife or Husband <i>Mary V. Burman</i>			
Father's Name	<i>Henry W. Burman</i>			Father's Birthplace	Md.
Mother's Maiden Name	<i>Margaret Burman</i>			Mother's Birthplace	Md.
Name of person giving information	<i>Jos Burman</i>			How related to deceased	son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Heart prostration</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. F. Lewis</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>			





Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Glenn Echo</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1906	Month <i>July</i>	Day <i>9</i>	Age <i>93</i>	Years <i>8</i>	Months <i>9</i>	Days <i>9</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>Va</i>
Occupation	<i>none</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed			Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name	<input checked="" type="checkbox"/>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name						Mother's Birthplace	<i>Va</i>
Name of person giving in formation					How related to deceased		

*Physician*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>Gradual</i>
Immediate	<i>Senile debility</i>	How long	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. W. Chappell</i>	
Copy <i>W. L. Linn</i>		Address <i>Temple, D.C.</i>	
Accident or Suicide?			



in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Bready		Town		County		MARYLAND	
Died at Near Sandy Spring		Montgomery					
Date of death	1906	Month	July	Day	8	Years	Age 79
				Months		8	
				Days		26	
Sex	Male	Color or Race		White		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		Near Sandy Spring	
Married Single or Widowed		Name of Wife or Husband		Annis Eliza Kelly			
Father's Name		David Bready		Father's Birthplace		Frederick Bready	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		Son: G.W. Bready		How related to deceased		Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis	How long	18 months
Immediate	Uremia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Roger Butler	
Address		Sandy Spring Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

Rosa Brogden

Town

County

MARYLAND

Died at

Ednor

runt

Date

Month

Day

Years

Months

Days

of death 1906

July

25

Age

25

Sex

Female

Color or  
Race

Black

Birth-  
place

md

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Walter Brogden

Father's  
Name

Henry Huff

Father's  
Birthplace

md

Mother's  
Maiden Name

Rosa Huff

Mother's  
Birthplace

md

Name of person giving  
In formation

Walter Brogden

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Typhoid fever

How long

21 days

Immediate

~~Myocardial infarction~~ Hemorrhage

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

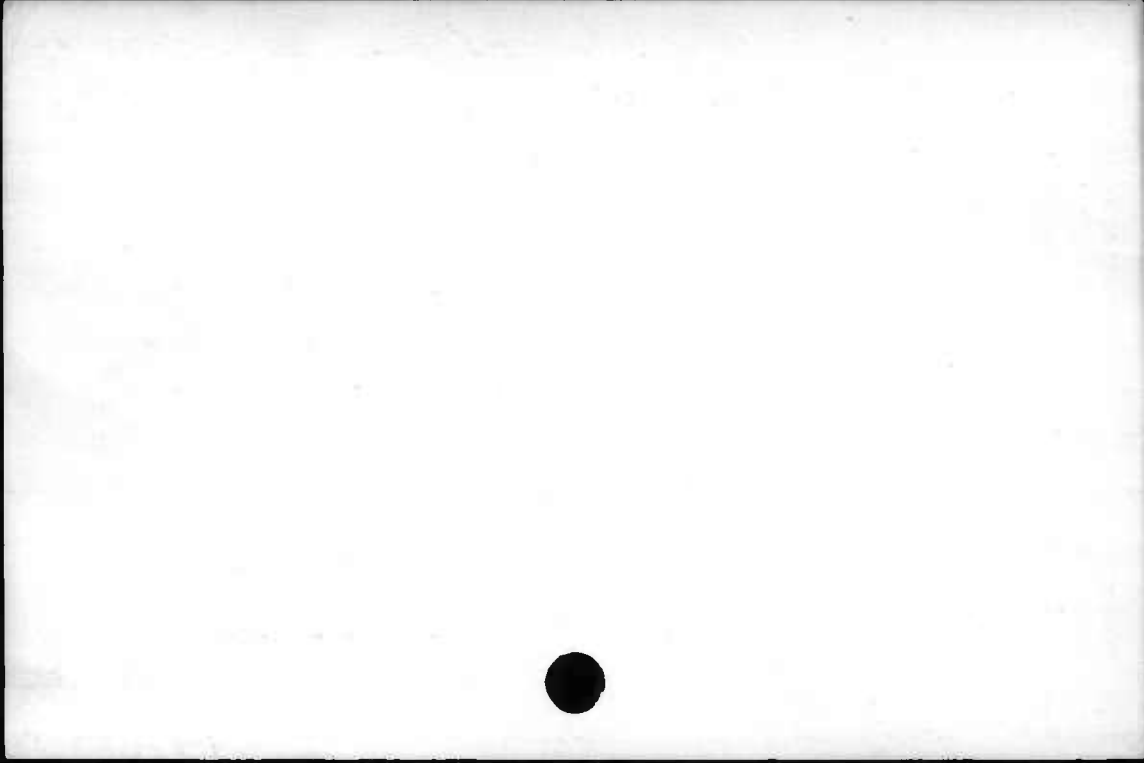
Address

J. R. Patton

Spencerville

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

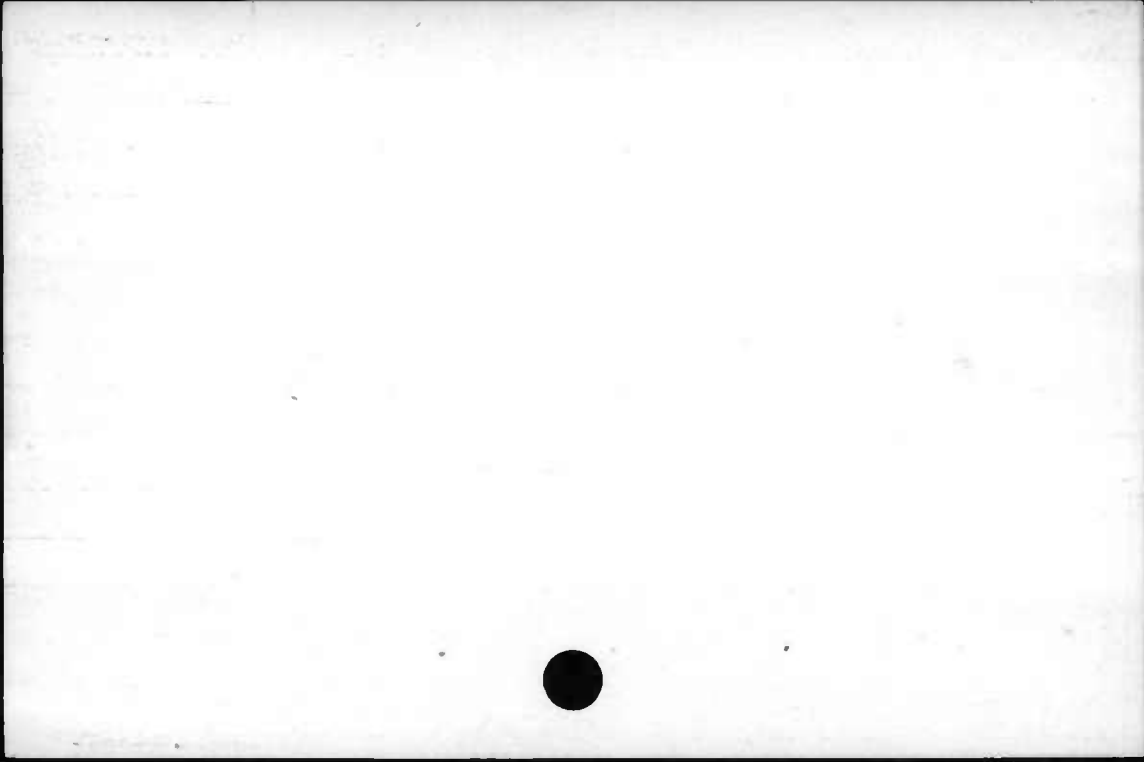
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John E. Bunde</i>		Town <i>Kings Valley</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Kings Valley</i>		Month <i>July</i>		Day <i>22</i>		Age <i>71</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>22</i>		Age <i>71</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Montg. Co Md.</i>		Months Days	
Occupation <i>Saddle &amp; Harness Maker</i>		Where Residing If not at place of death —		—		—	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>May E. Bunde</i>		—		—	
Father's Name —		Father's Birthplace —		—		—	
Mother's Maiden Name —		Mother's Birthplace —		—		—	
Name of person giving information —		How related to deceased —		—		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease of Kidney</i>	How long <i>one year</i>
Immediate <i>Heart failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Bunde</i>
—	Address <i>Blackburn Md</i>
Accident or Suicide? —	—





Name  
in  
Full

Rignia V. Leann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roadville</i> <sup>Town</sup>		<i>Manly</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>7</i>	Day <i>5</i>	Age <i>X</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wash. D.C.</i>			
Married, Single or Widowed <i>X</i>		Occupation <i>X</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Brady Leann</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ethel Ross</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mrs. E. V. Carr</i>			How related to deceased <i>Grandmother</i>		

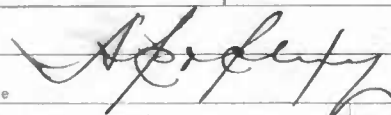
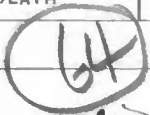
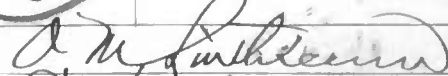

## CAUSES OF DEATH

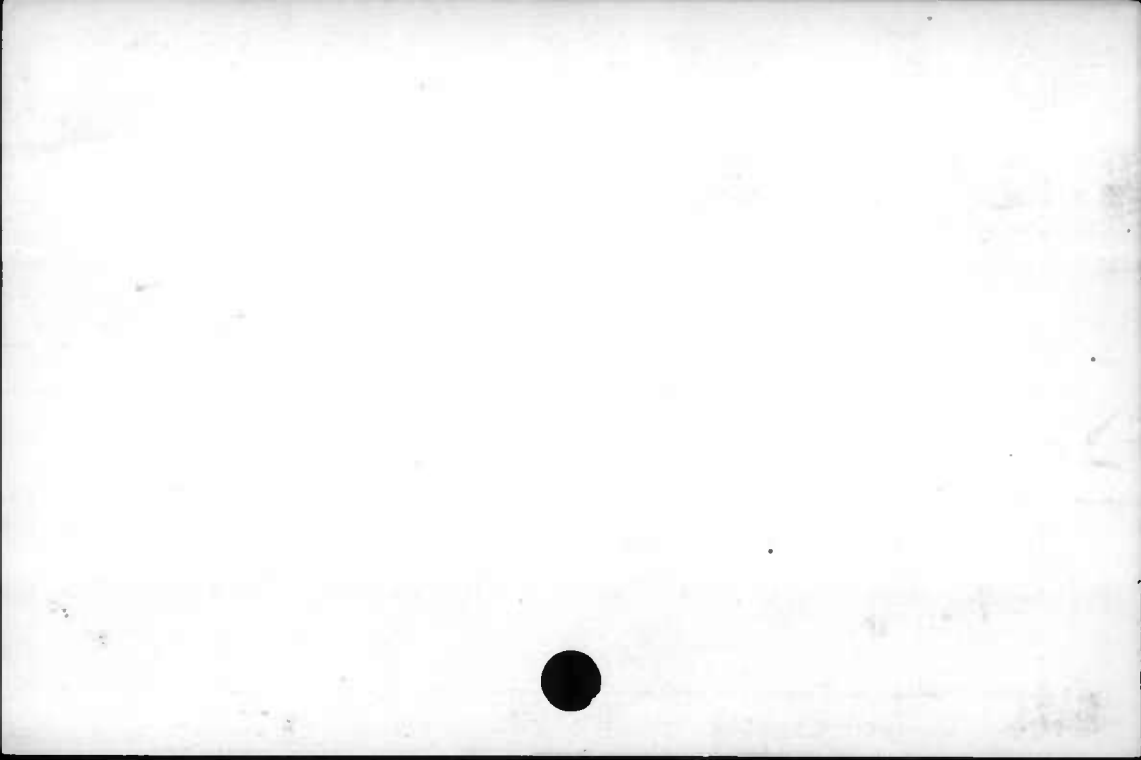
PHYSICIAN  
OR CORONER

Primary <i>Enteric Cocci.</i>	How long <i>1 mo</i>
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Fairthorne</i>
	Address <i>Roadville Ind</i>
Accident or Suicide?	



Name in Full		Henry Chapman				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Derwood	County Montgomery	MARYLAND			
		Date of death 190		Month 6 July	Day 8 <sup>th</sup>	Years 73	Months	Days	
		Sex		Male		Color or Race	White		
		Married, Single or Widowed		Married		Occupation	Laborer		
		Name of Wife or Husband		-					
		Father's Name		-		Father's Birthplace			
		Mother's Maiden Name		-		Mother's Birthplace			
Name of person giving Information		-		How related to deceased					

CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary			How long		
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?					
					Address Rockville Md	
Accident or Suicide?						



Name

in  
Full

Maggie Chrobott

## CERTIFICATE OF DEATH

MARYLAND

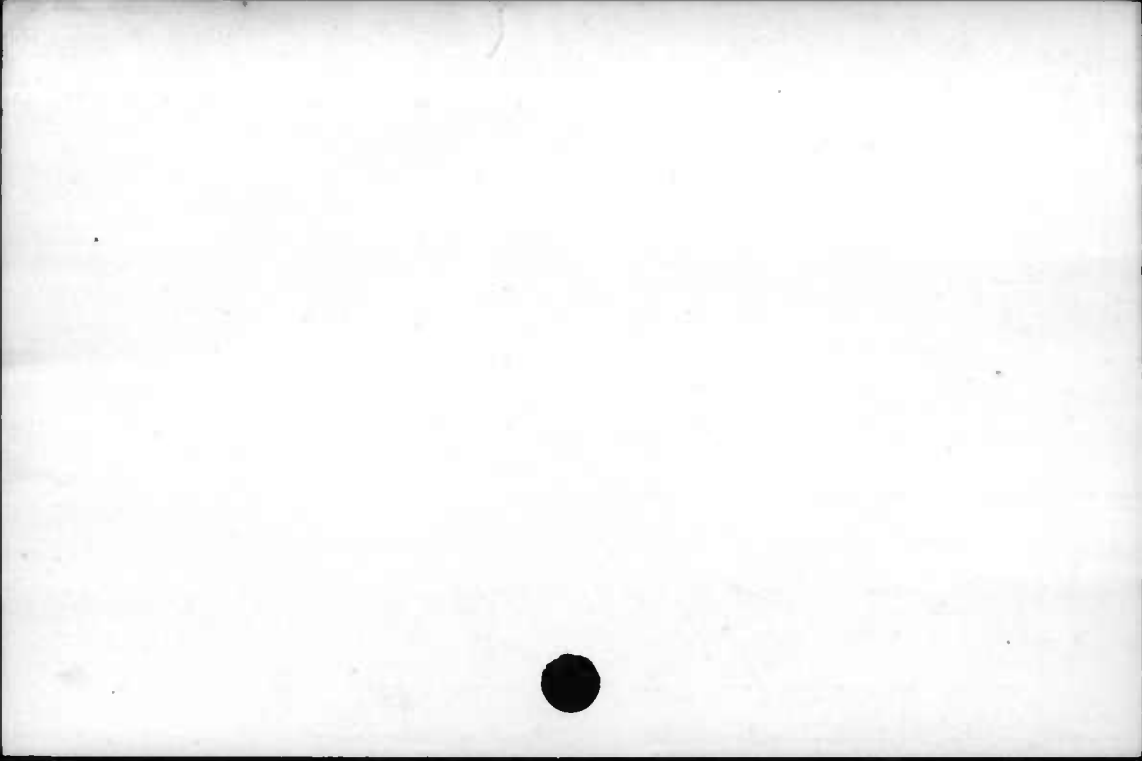
TO BE ANSWERED BY  
NEAREST FRIEND

Died at near <i>Cetchison</i> Town		<i>Montgomery</i> County		Months <i>24</i>		Days <i>2</i>	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>10</i>	Age <i>20</i>	Years			
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Corroll Co</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Chrobott</i>						
Father's Name <i>Laurel Mathias</i>	Father's Birthplace <i>Howard Co</i>						
Mother's Maiden Name <i>Catherine Dempsey</i>	Mother's Birthplace <i>Howard Co</i>						
Name of person giving information <i>Frank Chrobott</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 9 mon</i>
Immediate <i>General Exhaustion</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Dyson</i>
	Address <i>Laytonville Ind</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Clipper

Town

County

Died at Seneca

Montg

MARYLAND

Date  
of death 1906

Month

7

Day

11

Years

38

Age

Months

Days

Sex

male

Color or  
Race

Negro

Birth-  
place

Seneca Md.

Occupation

Farm hand.

Where Residing if not  
at place of deathMarried, ~~Single~~Name of Wife or  
Husband

Lucy Clipper

Father's  
Name

Jackson Clipper

Father's  
Birthplace

Montg Co. Md.

Mother's  
Maiden Name

Martha Jackson

Mother's  
Birthplace

Md.

Name of person giving  
information

Physician

(27)

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

1 yr.

Immediate

Asthma

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

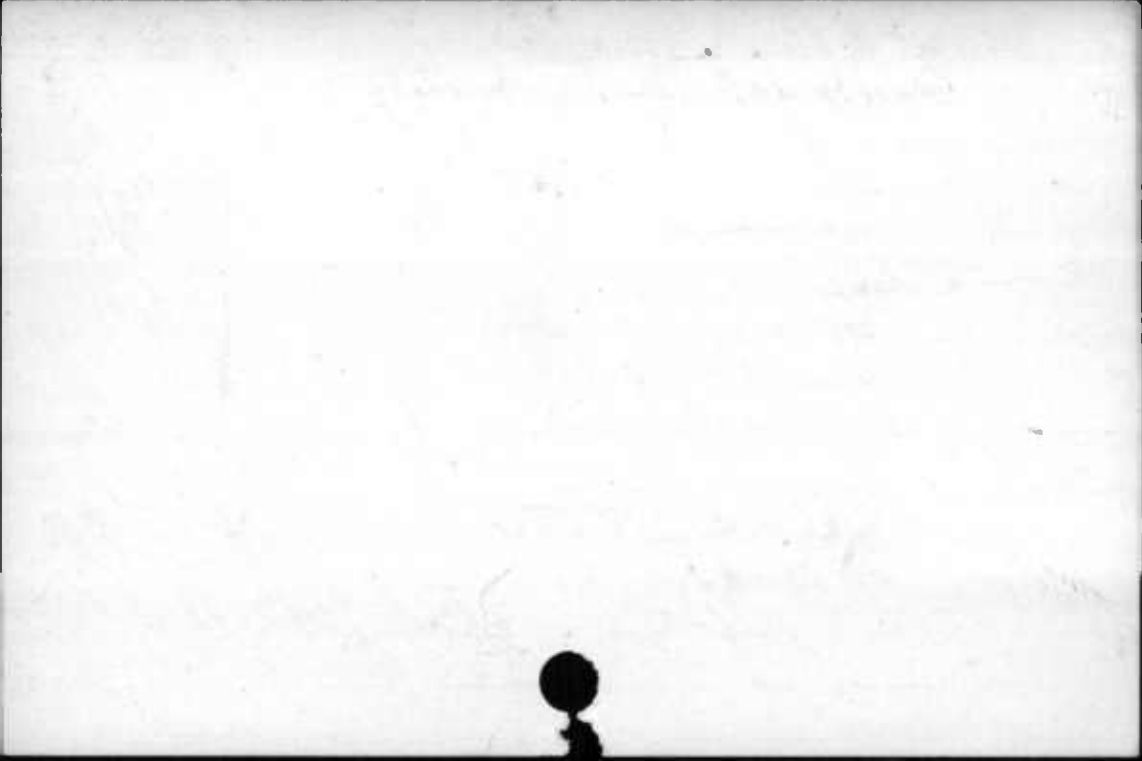
yes

Signature of  
Physician

H. D. Boone M.D.

Address

Accident or Suicide?





Name  
in  
Full

Mary Etta Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wan Middle Brook Montg</i>		County		MAYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>7</i>	<i>22</i>	<i>17</i>	<i>11</i>	<i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Geo. S. Crawford</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sarah R. Case</i>			Mother's Birthplace		
Name of person giving information <i>Chas. C. Crawford</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Enteric Fever* (1)

How long

*Ten days*

Immediate

*Exhaustion*

How long

*10 days*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

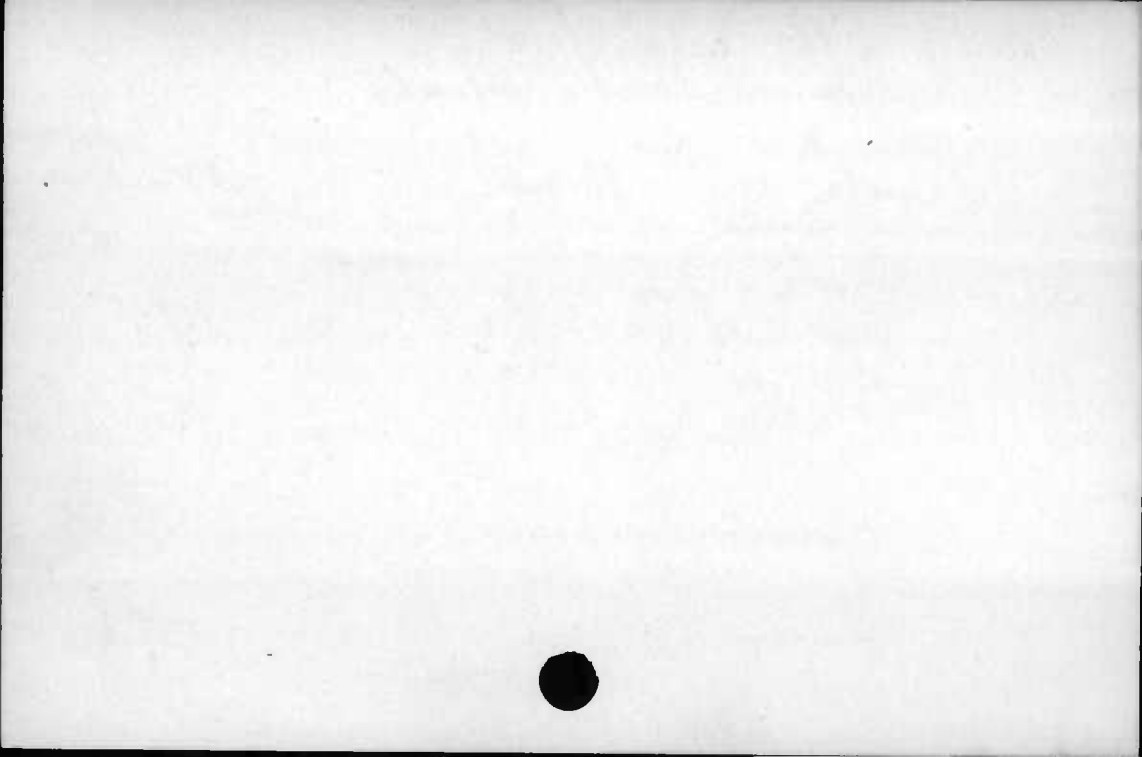
*E. B. Elewiser*

Address

*Gaithersburg*

Accident or Suicide?

LIBRARY BUREAU A05510



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Redville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND
	Date of death 190	<i>6</i>	Month <i>7</i>	Day <i>31</i>	Age <i>X</i>
	Sex <i>Male</i>	Color or Race <i>Caucas</i>		Birth- place <i>Ind</i>	Months <i>11</i>
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Geo. Day</i>		Father's Birthplace <i>Ind</i>		
	Mother's Maiden Name <i>Hagan</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information		How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">b</span></div>					
PHYSICIAN OR CORONER	Primary <i>Measles with enterocolitis</i>		How long <i>2 weeks</i>		
	Immediate <i>Exhaustion</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. L. Thierman</i>		
			Address <i>Redville</i> <i>Ind</i>		
Accident or Suicide?					



Herman. Sawyer

Town

County

Died at

Brookville

Montgomery

MARYLAND

Date

1906

Month

Day

July 26

Y.

M.

D.

Age

22 8 13

Native of

Montg. Co.

Occupation

Laborer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Wm. Sawyer

Mother's

Name

Rachel D. Sawyer

Cause of

Primary

Typhoid Fever

How long sick

2<sup>nd</sup> week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. W. F. Green

Address

Brookville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

William Digger

Town

County

MARYLAND

Died at *Monrovia**Montgomery*

Date

Month

Day

Years

Months

Days

of death 1906

7

11

Age

40

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Maryland*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Sarah Digger*Father's  
Name*Frank Digger*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Amanda Jackson*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Sarah Digger*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Struck by lightning*

How long

*Death instant*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Edward Anderson M.D.*

Address

*Rockville, Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

A. B. Harney

Died at *Roadville* Town*Montgomery* County

MARYLAND

Date

of death 190

6

Month

7

Day

6<sup>th</sup>

Age

Years

47

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Md*Married, Single  
or Widowed*Married*

Occupation

*Minister of the Gospel*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Intermittent Nephritis*

How long

*Several months*

Immediate

*Uremic poisoning*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*H. M. Smith*  
*Roadville*  
*Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORNER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Charles Francis Duwall

Died at Gaithersburg Town Montgomery County MARYLAND

Date of death 1906 July 12 4 Age 66 3 18  
Month Day Years Months Days

Sex Male Color or Race White Birth-place Laytonville

Occupation Wheelwright Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Virliuda J. Duwall

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information C. Scott Duwall How related to deceased Son

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary Gastric Ulcer (103) How long one year

Immediate Exhaustion How long two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. C. Ochs Address Gaithersburg

Accident or Suicide? No



Name  
in  
Full

CERTIFICATE OF DEATH

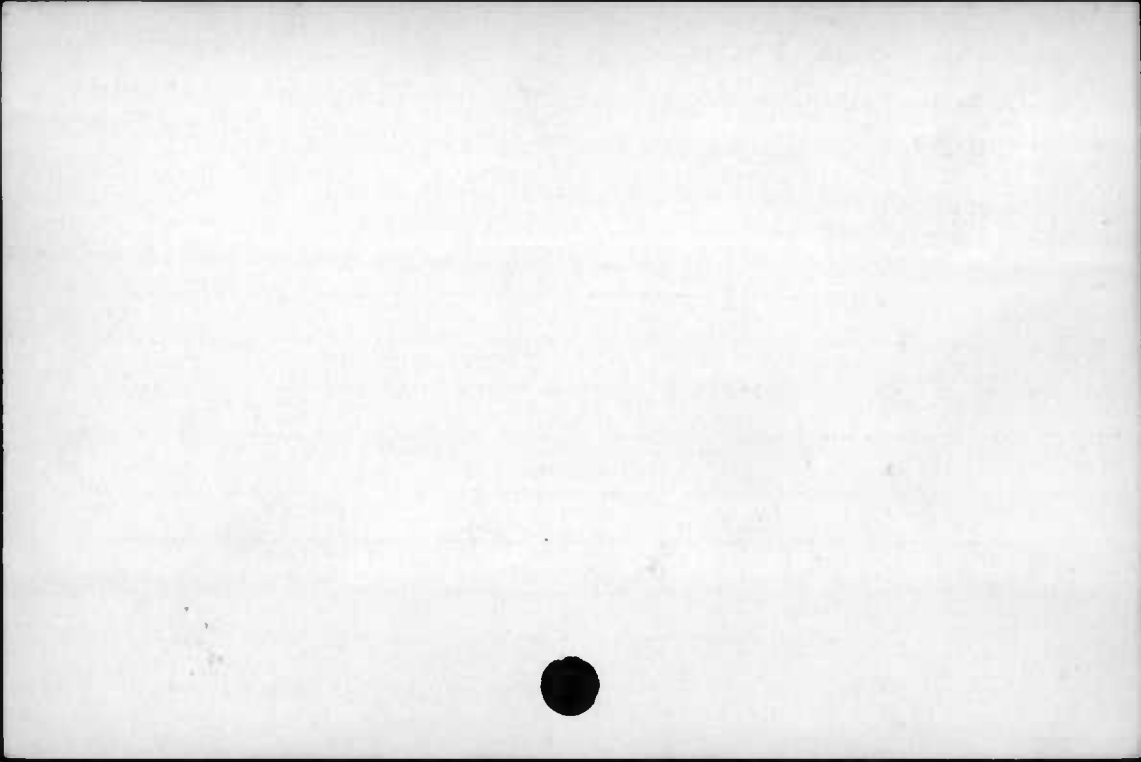
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ethel Marguerite Foley</i>		Town <i>Gaithersburg</i> County <i>Montgomery</i>		MARYLAND	
Died at <i>home</i>					
Date of death <i>1906</i>	Month <i>July</i>	Day <i>30</i>	Years <i>20</i>	Months <i>7</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New London Conn</i>		
Occupation <i>Stenographer</i>	Where Residing If not at place of death <i>Washington D.C.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>L</i>				
Father's Name <i>Malachy Foley</i>	Father's Birthplace <i>Little Falls N.Y.</i>				
Mother's Maiden Name <i>Johanna Foley</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Johanna Foley</i>	How related to deceased <i>Mother</i>				

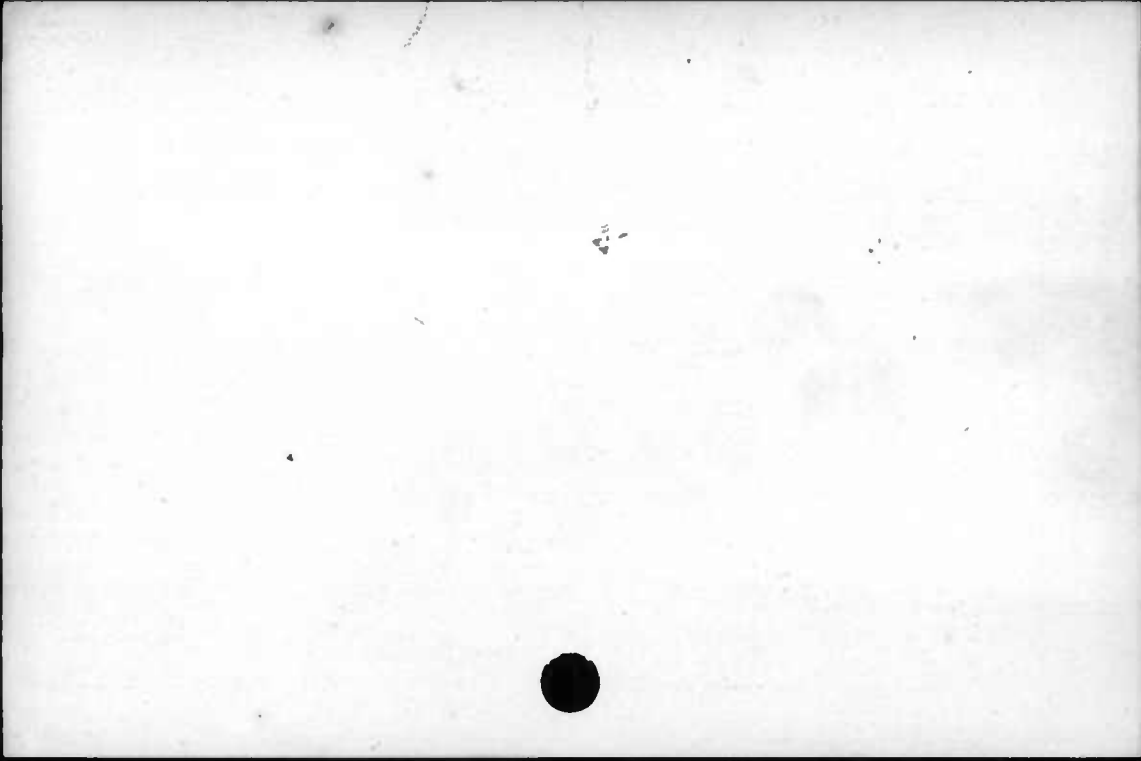
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Exhaustion</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. B. Church</i>
	Address <i>Stamout Senatorium</i>
	<i>Washington Grove Md.</i>
Accident or Suicide? <i>X</i>	



Name in Full		Grandison				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Martinsburg		County Montgomery		MARYLAND
	Date of death	1906	Month July	Day 2	Age Years	Months	Days 4
	Sex	Pro		Color or Race Negro		Birthplace Martinsburg, Md.	
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name Sarah Grandison				Mother's Birthplace Martinsburg		
Name of person giving information Martha Peters				How related to deceased Midwife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Inanition			How long 4 days	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician R. H. Latt sub. reg		
					Address Pohleville Md		
Accident or Suicide?							





Name  
in  
Full

William Leonard Gunerman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Glenn Echo</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>9</u> <small>Years</small>	<u>21</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Washington D.C.</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u></u>		
Married, Single or <u>Widowed</u>			Name of Wife or Husband <u></u>		
Father's Name <u></u>			Father's Birthplace <u>New York City</u>		
Mother's Maiden Name <u></u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u></u>			How related to deceased <u></u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 weeks</u>
Immediate <u>convulsions</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. F. Arnold</u>
<u>Copied from D. C. Blank</u>	Address <u>205 12th St. S. W.</u>
Accident or Suicide?	



Name  
in  
Full

Rachel Hardy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *London* Town *Montgomery* County **MARYLAND**

Date of death *1906* Month *July* Day *9* Age *76* Years Months Days

Sex *Female* Color or Race *Negro* Birth-place *MD*

Occupation *none* Where Residing if not at place of death *D.C.*

Married, Single or Widowed *Married* Name of Wife or Husband *Richard Hardy*

Father's Name *Dont Know* Father's Birthplace *MD*

Mother's Maiden Name *Dont Know* Mother's Birthplace *MD*

Name of person giving information *E. C. Keys* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senility* How long *154*

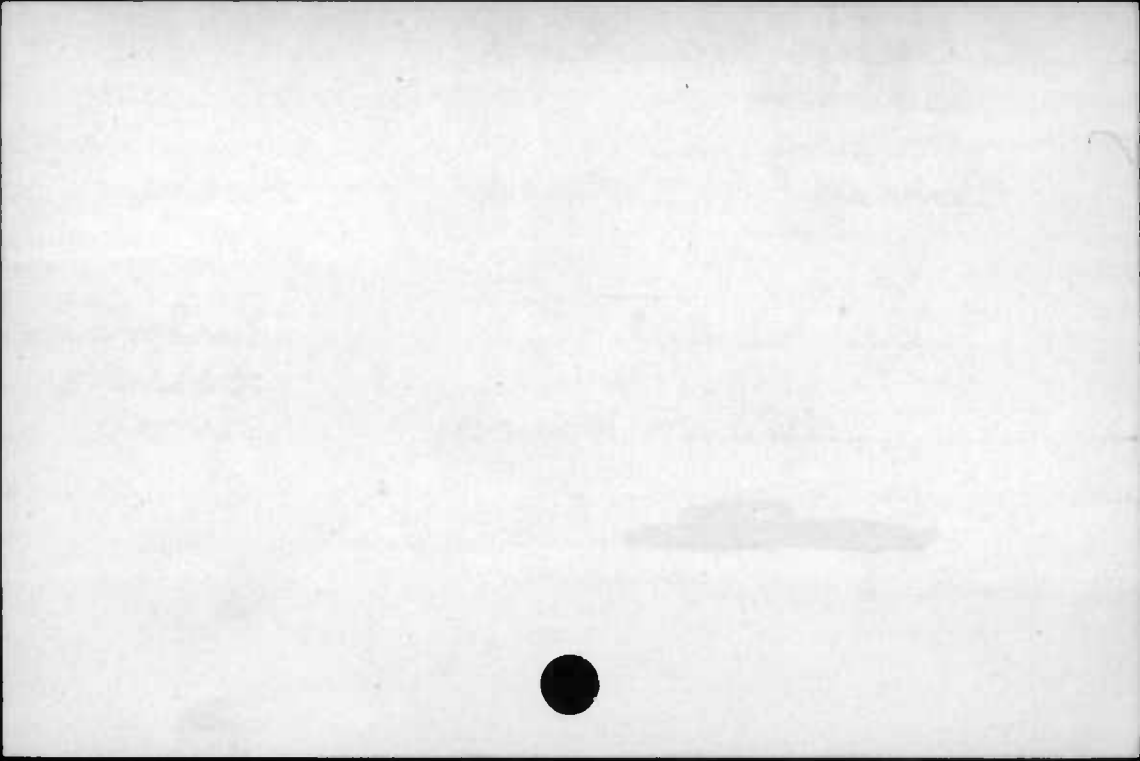
Immediate *Heart failure* How long *few min.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. L. Davis*

Address *Knomoington MD*

Accident or Suicide? *N*



Name  
in  
Full

Bessie Hanshew

CERTIFICATE OF DEATH

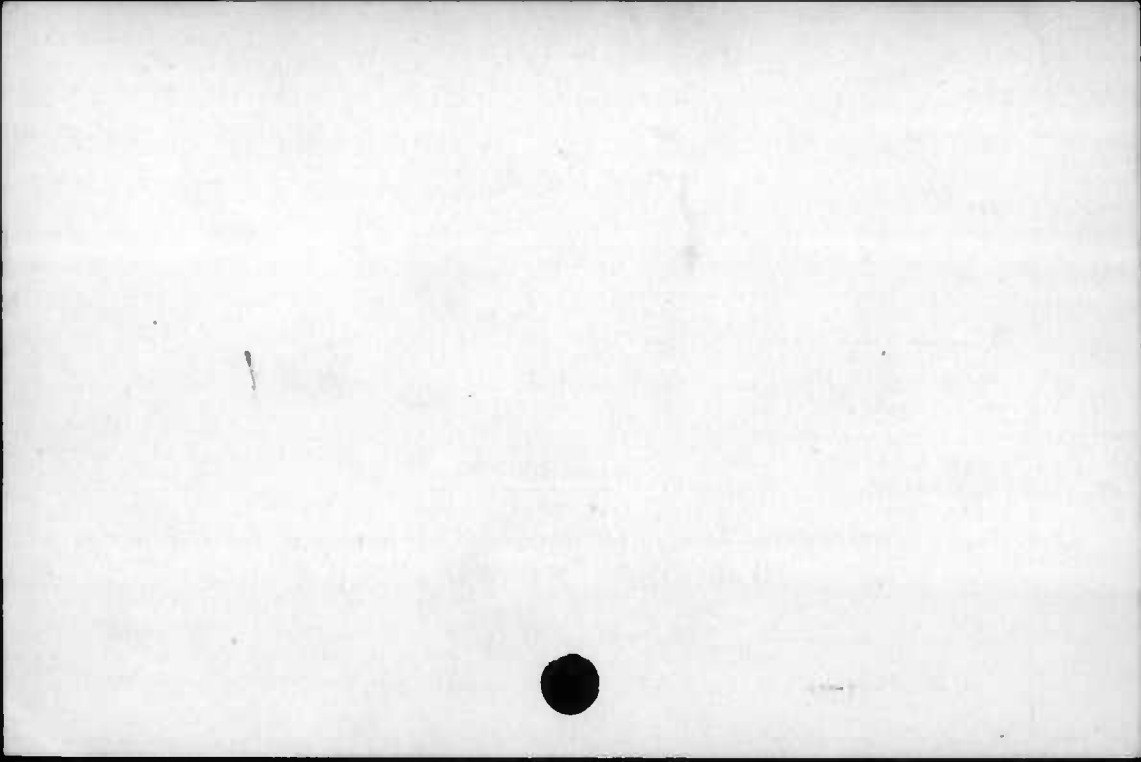
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Germantown		County Montg		MARYLAND	
Date of death	1906	Month 7	Day 11	Age Years	—	Months 4	Days 0
Sex	Female	Color or Race	White	Birth- place	Baltimore		
Occupation	—			Where Residing if not at place of death	Germantown		
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Edward Hanshew				Father's Birthplace	Md	
Mother's Maiden Name	Mary Thompson				Mother's Birthplace	D.C.	
Name of person giving In formation	Edward Hanshew				How related to deceased	Father	

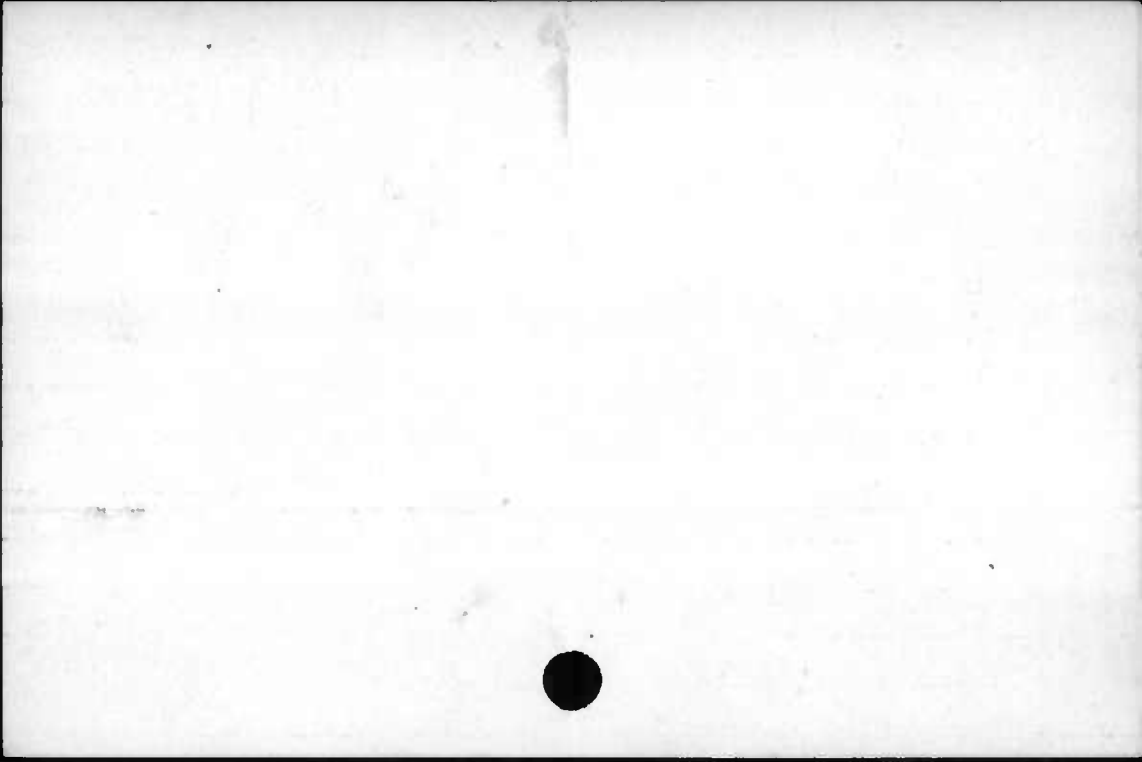
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	1 week
Immediate	Intestines	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Germantown		
	Md		
Accident or Suicide?	—		



Name in Full <b>Kate Celeste Hanshew</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Town</b> <i>Germanatown</i>		<b>County</b> <i>Montgomery</i>
	Date of death <b>1906</b>		<b>MARYLAND</b>
	Month <i>July</i>	Day <i>11</i>	Age <i>3</i> Years <i>6</i> Months <i>6</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Washington D.C.</i>
	Occupation _____		Where Residing if not at place of death _____
	Married, Single or Widowed _____	Name of Wife or Husband _____	
PHYSICIAN OR CORONER	Father's Name <i>Edward Marriott Hanshew</i>		Father's Birthplace <i>Frederick County</i>
	Mother's Maiden Name <i>Kate Celeste Brewer</i>		Mother's Birthplace <i>Washington D.C.</i>
	Name of person giving information <i>Mother</i>		How related to deceased <i>Parents</i>
	CAUSES OF DEATH		
PHYSICIAN OR CORONER	Primary <i>Cholera Infantum</i>	How long <i>7 days</i>	<b>105</b>
	Immediate <i>Sanitation</i>	How long _____	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Singers</i>
			Address <i>Germanatown</i>
	Accident or Suicide? _____		<i>MD</i>





TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Eladys Hawkins</b>		CERTIFICATE OF DEATH	
Died at <b>Bosham</b> Town		County <b>Montg</b>	
Date of death <b>1906 July 17</b>		Age <b>6</b> Months <b>6</b> Days <b>6</b>	
Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>Bosham</b>	
Occupation _____		Where Residing if not at place of death <b>11</b>	
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>		
Mother's Maiden Name <b>Martha Hawkins</b>	Mother's Birthplace <b>Bosham</b>		
Name of person giving information <b>William Hawkins</b>	How related to deceased <b>Uncle</b>		
CAUSES OF DETH			
Primary <b>9</b> <del>_____</del> <b>Enterocolitis</b> <b>(105)</b>	How long _____		
Immediate <b>11</b>	How long _____		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>E. B. Edickson</b>		
	Address <b>Walthersburg</b>		
Accident or Suicide?	<b>11</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

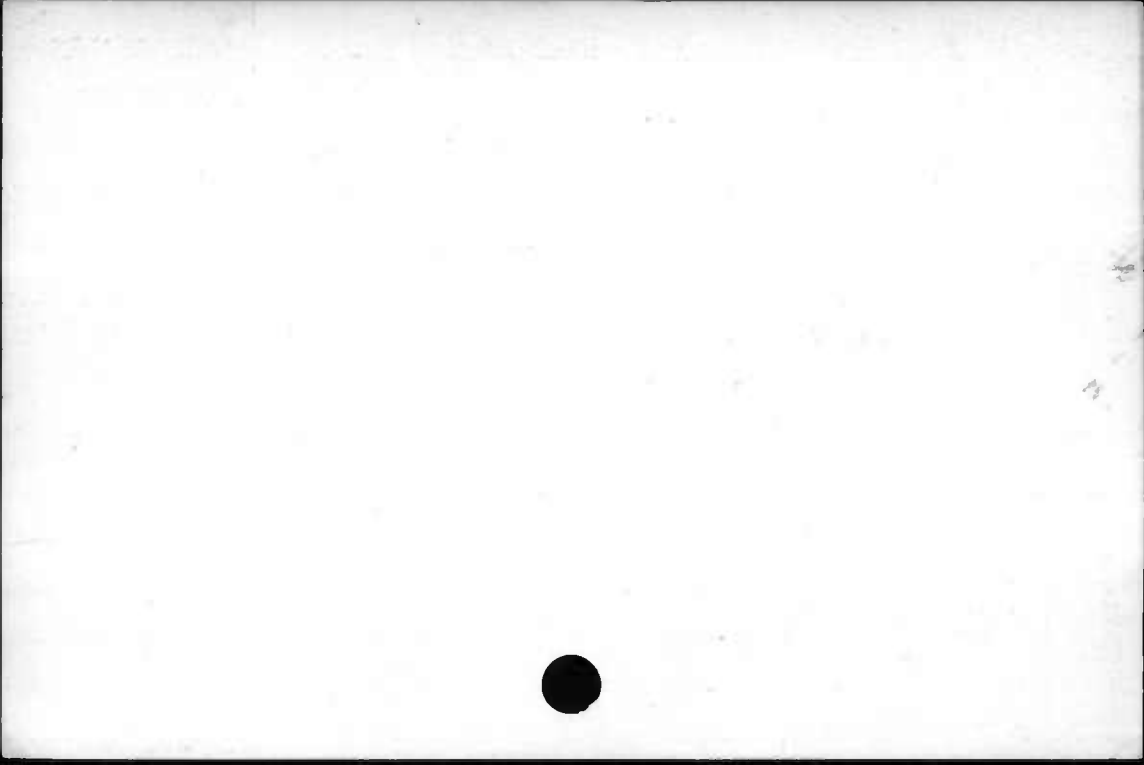
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barnesville</i> <sup>Town</sup> <i>Montgomery</i> <sup>County</sup> <b>MARYLAND</b>	
Date of death <i>1906</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>28</i> <sup>Years</sup> <i>69</i> <sup>Months</sup> <i>—</i> <sup>Days</sup> <i>—</i>	
Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i> Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i> Name of Wife or Husband <i>Adelaid Weller</i>	
Father's Name <i>Not Known</i> Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Frances Vincent</i> Mother's Birthplace <i>Montgomery</i>	
Name of person giving information <i>Col. Hilton</i> How related to deceased <i>Not Relative</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

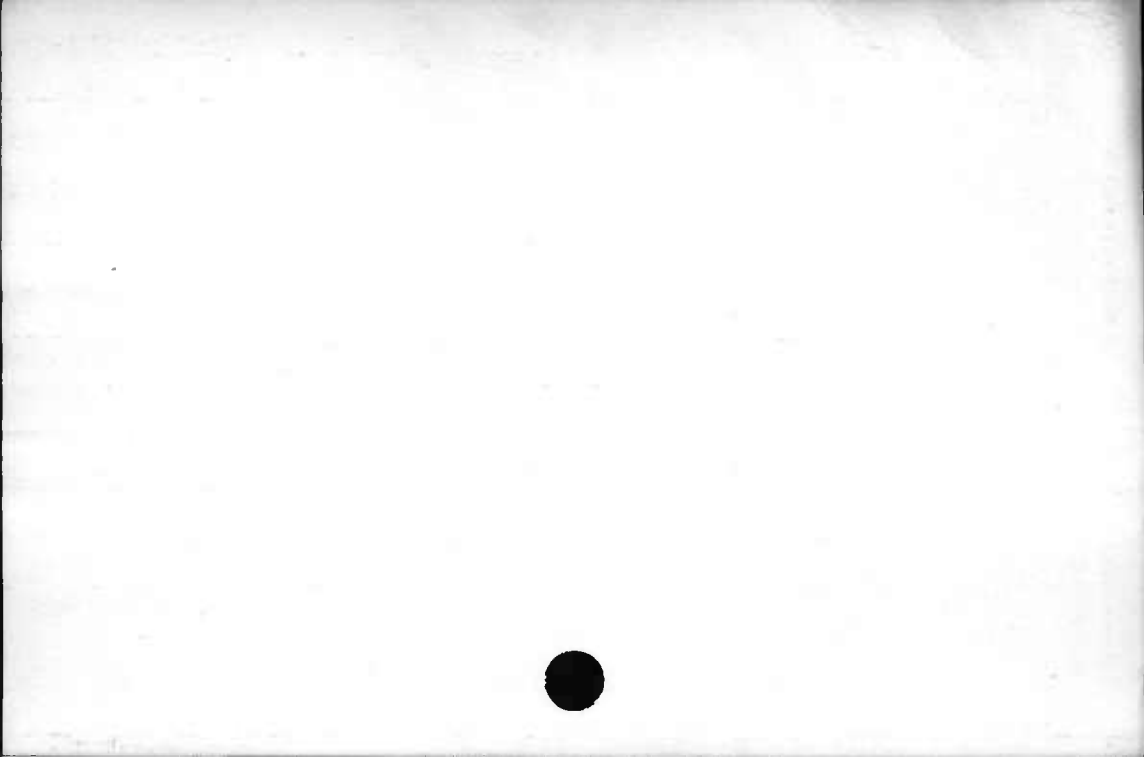
Primary <i>Bright's disease</i> <sup>How long</sup> <i>two years</i>
Immediate <i>Cerebral Insufficiency</i> <sup>How long</sup> <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i> Signature of Physician <i>J. H. Stonestreet</i>
<i>Barnesville</i> Address <i>Maryland</i>
Accident or Suicide? <i>—</i>



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Kearysbee</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>	
		Died at <i>Kearysbee</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>	
		Date of death <i>1906 July 8</i>		Age <i>34</i>	
		Sex <i>Male</i>		Color or Race <i>American</i>	
		Occupation <i>Civil Engineer</i>		Where Residing if not at place of death <i>Arizona</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
Father's Name <i>Arthur Hendricks</i>		Father's Birthplace <i>N.Y.</i>			
Mother's Maiden Name <i>Ida T. Moore</i>		Mother's Birthplace <i>D.C.</i>			
Name of person giving information <i>Arthur Hendricks</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
Primary <i>Typhoid Fever</i>		How long <i>4 weeks</i>			
Immediate <i>Intes. Hemorrhage</i>		How long <i>5 hrs</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Engene Jones</i>			
Accident or Suicide? <i>No</i>		Address <i>Fusington</i>			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cokeville		Maryland		MARYLAND					
		Date of death		1906	Month	July	Day	6	Age	4			
								Years	8	Months			
		Sex		Female		Color or Race		Black		Birth-place			
										MD			
		Occupation				Where Residing if not at place of death							
		Marked, Single or Widowed				Name of Wife or Husband							
		Father's Name				John Johnson				Father's Birthplace		MD	
		Mother's Maiden Name				Ananda Johnson				Mother's Birthplace		MD	
		Name of person giving information				Chas. Johnson				How related to deceased		Nephew	
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Bronchitis				How long		2 weeks			
		Immediate		Suffocation				How long		2 days			
		Are the name, age, sex, color, date and place correctly given above?				Yes				<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">90</div>			
		Signature of Physician				G. R. Patton							
		Address				Spencerville				MD			
		Accident or Suicide?											





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edner</i> Town		County <i>montg.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>29</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband		
Father's Name <i>James Johnson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Sally Wilkinson</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>James Johnson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 weeks</i>
Immediate <i>complications</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Dawson</i>
	Address <i>Spencerville md</i>
Accident or Suicide?	



Name  
in  
Full

Thomas Marshall

CERTIFICATE OF DEATH

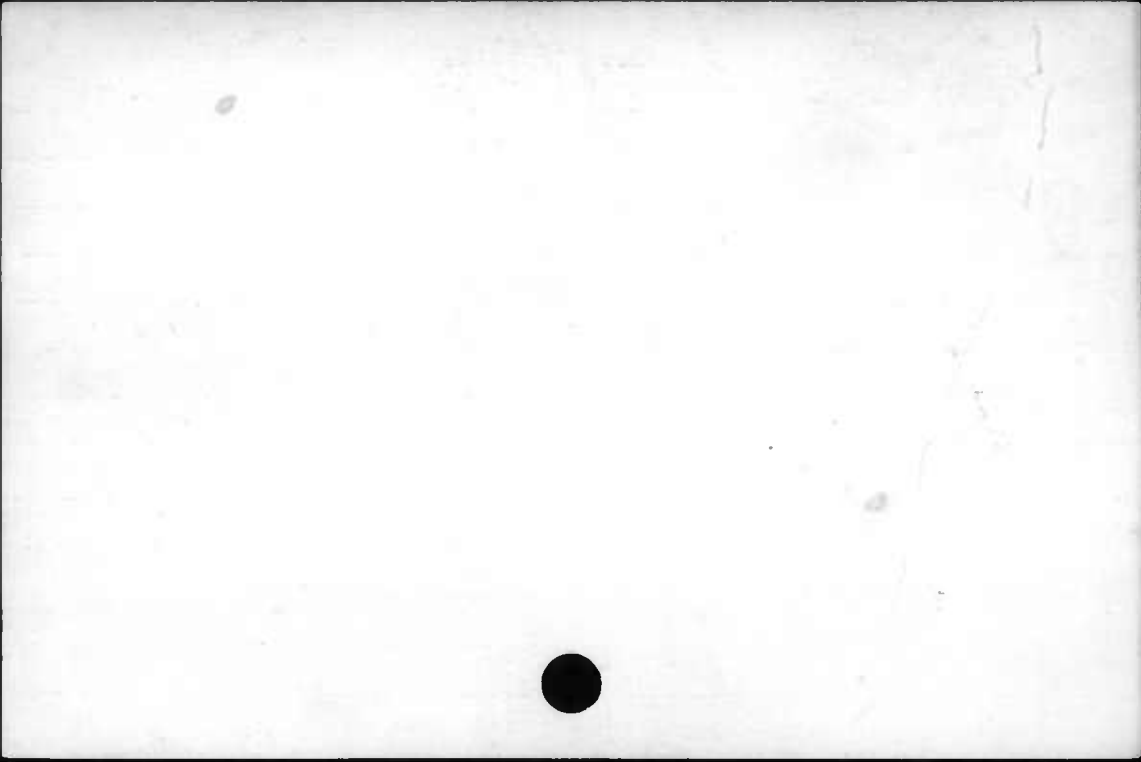
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Randolph</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>7</u>	Day <u>18</u>	Age <u>2</u> Years	Months <u>X</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Henry M. Marshall</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Pearl. Lowmear</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>Henry M Marshall</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>1 mo</u>
Immediate	<u>Cerebral Meningitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>O. M. Linthicum</u>	
		Address <u>Roadville Md</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

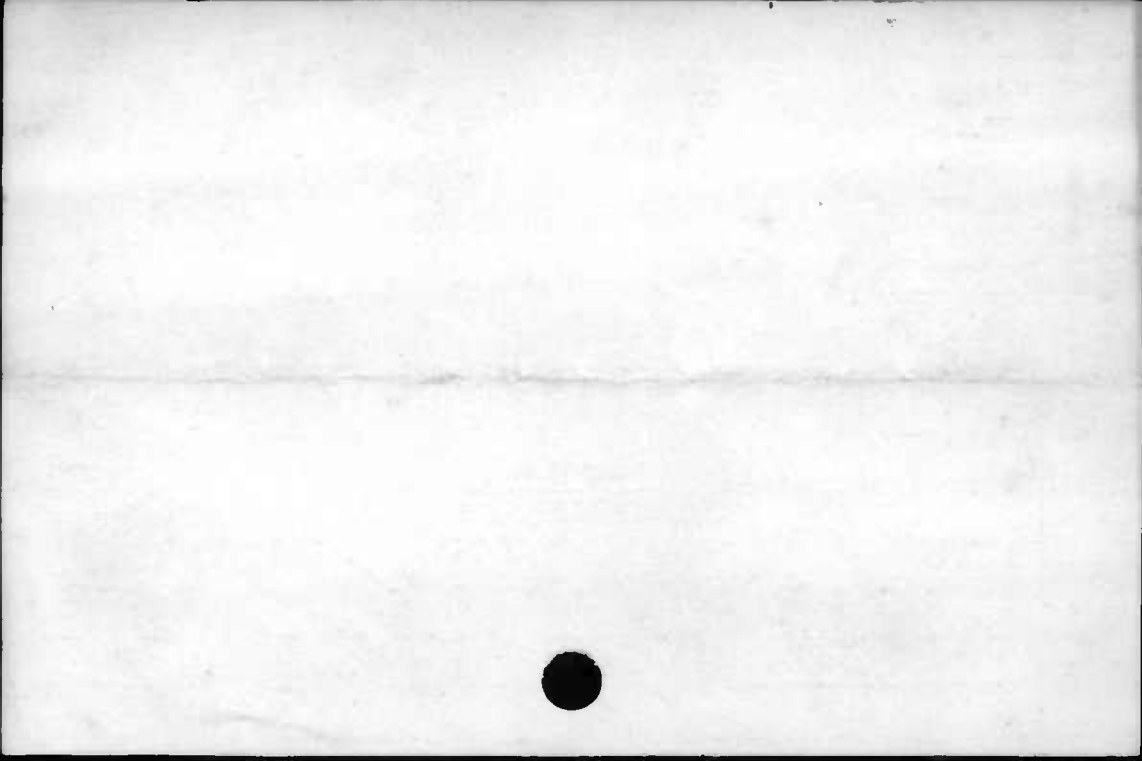
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Burton</i>		Town <i>Burton</i>		County <i>Mar</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>14</i>		Age <i>31</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind Co</i>		Months <i>"</i>	
Occupation <i>Labrer</i>		Where Residing if not at place of death <i>near Burton</i>		Years <i>31</i>		Days <i>"</i>	
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Rose Miles</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace	
Father's Name <i>Berg. Miller</i>		Mother's Maiden Name <i>Rose Miller</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Berg Miller</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pleurisy</i>	How long <i>about 10 days</i>
Immediate <i>Hemorrhage Lung</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. A. Fox</i>
	Address <i>Bellvue Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Florence Moore.

Town

Bethesda

County

Montgomery

MARYLAND

Died at

Date 1906 Month July Day 15 Y. 3 M. 19 D. D.C. Native of D.C. Occupation \_\_\_\_\_  
~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Marasmus

Death

Immediate

Gastro Enteritis

How long sick

Lifetime

~~Accident, Suicide, Homicide~~

Reported by

John A. Foote M.D.

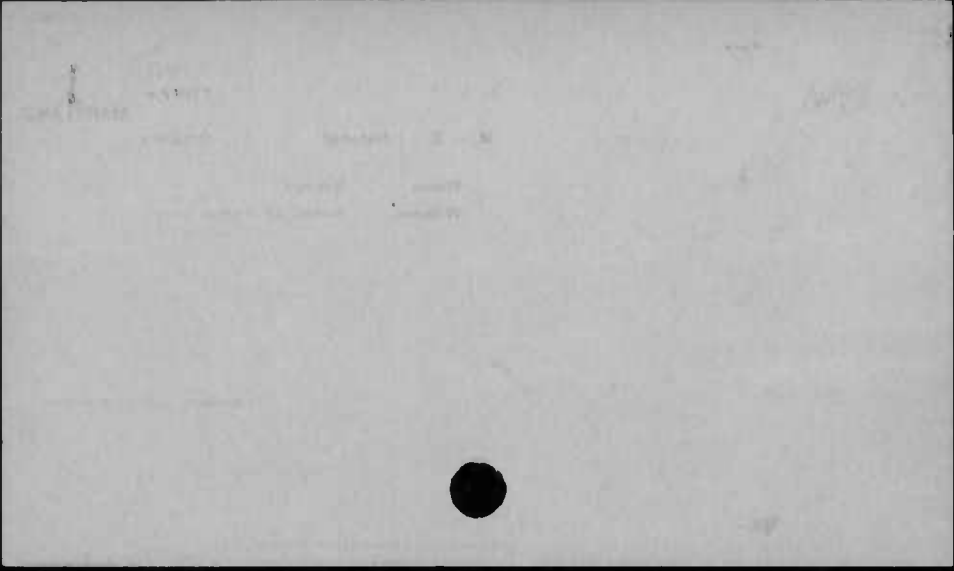
Address

Foundling Home,

Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65962





Name  
in  
Full

Mary Maudred Moore

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death 1906

July

24

1

7

24

Sex

Female

Color or  
Race

White

Birth-  
place

md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Nathaniel Moore

Father's  
Birthplace

md

Mother's  
Maiden Name

Sallie Williams

Mother's  
Birthplace

md

Name of person giving  
In formation

Nathaniel Moore

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Chorea Infantum

How long

105 4 weeks

Immediate

Cerebral convulsions

How long

1 day

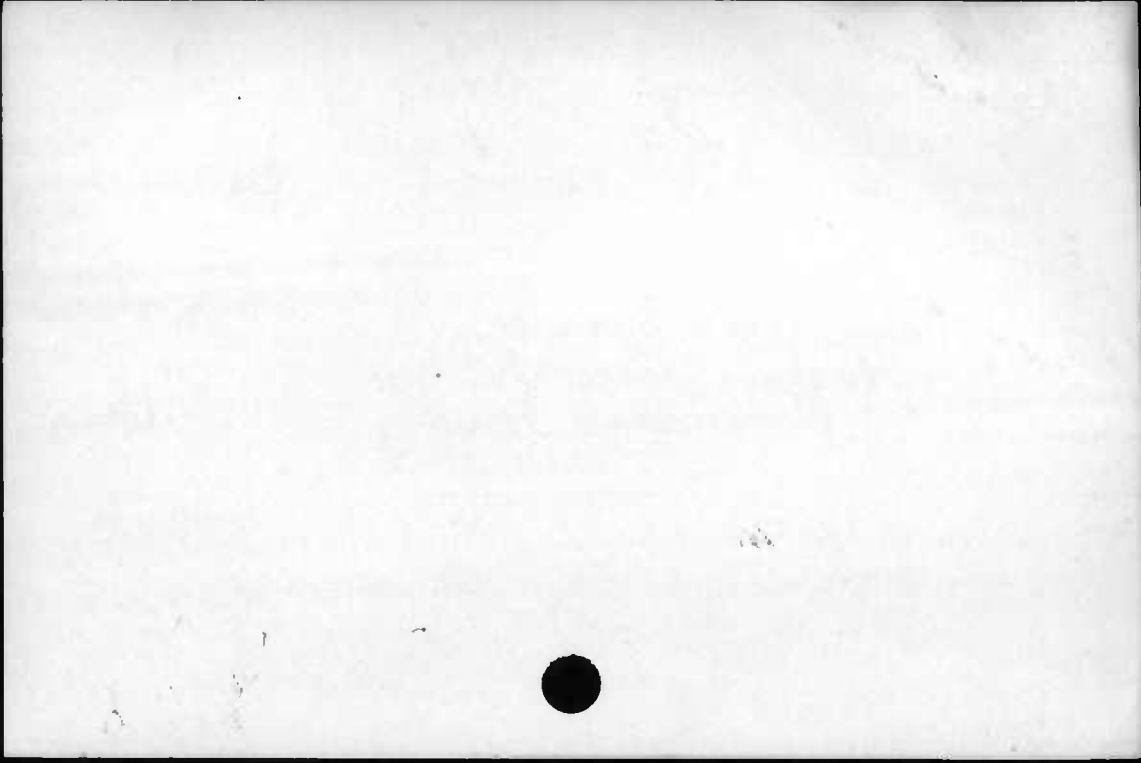
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. R. Patton  
Spencer  
md

Accident or Suicida?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

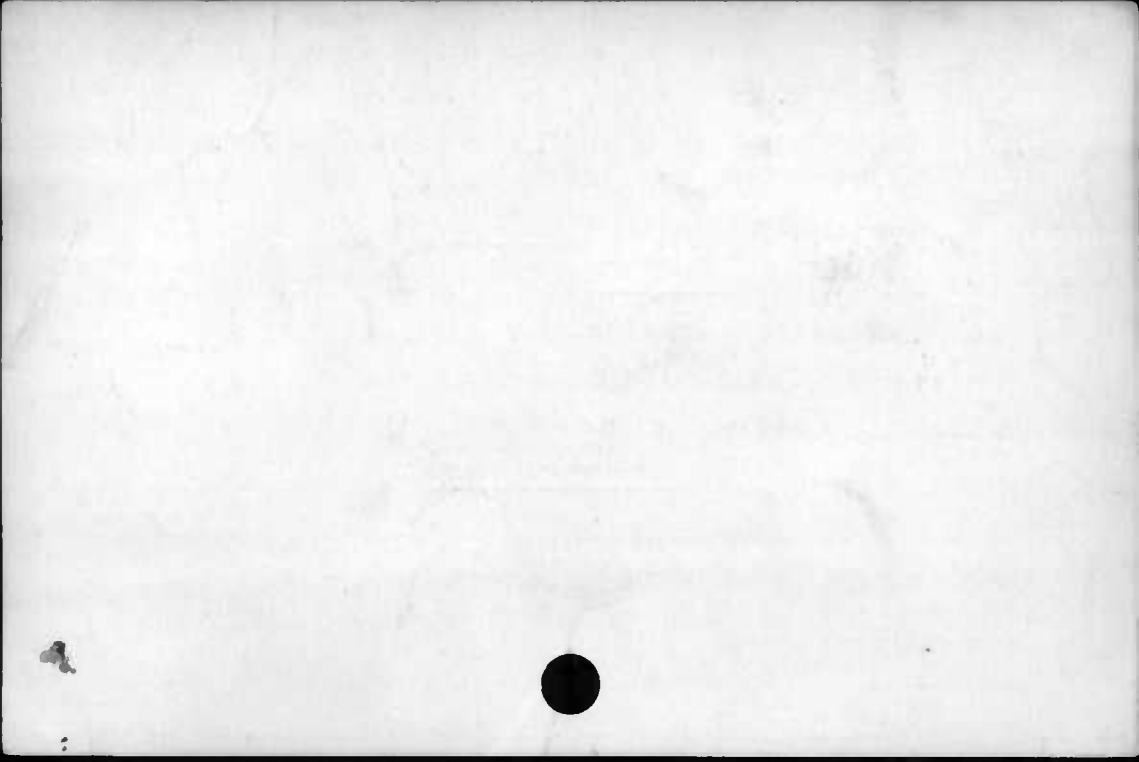
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baithersburg</u> <sup>Town</sup>		<u>Shrout</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>6</u>	Month <u>7</u>	Day <u>2</u>	Age <u>1</u> Years	Months <u>8</u> Days <u>8</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Baithersburg</u>
Occupation	<u></u>		Where Residing If not at place of death <u></u>		
Married, Single or Widowed	<u></u>		Name of Wife or Husband <u></u>		
Father's Name	<u>Columbus Murry</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Hattie Steward</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Columbus Murry</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>measles.</u>	How long	<u>2 Weeks</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>C. B. Edwards</u>
		Address	<u>Baithersburg</u> <u>md</u>
Accident or Suicide?	<u></u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

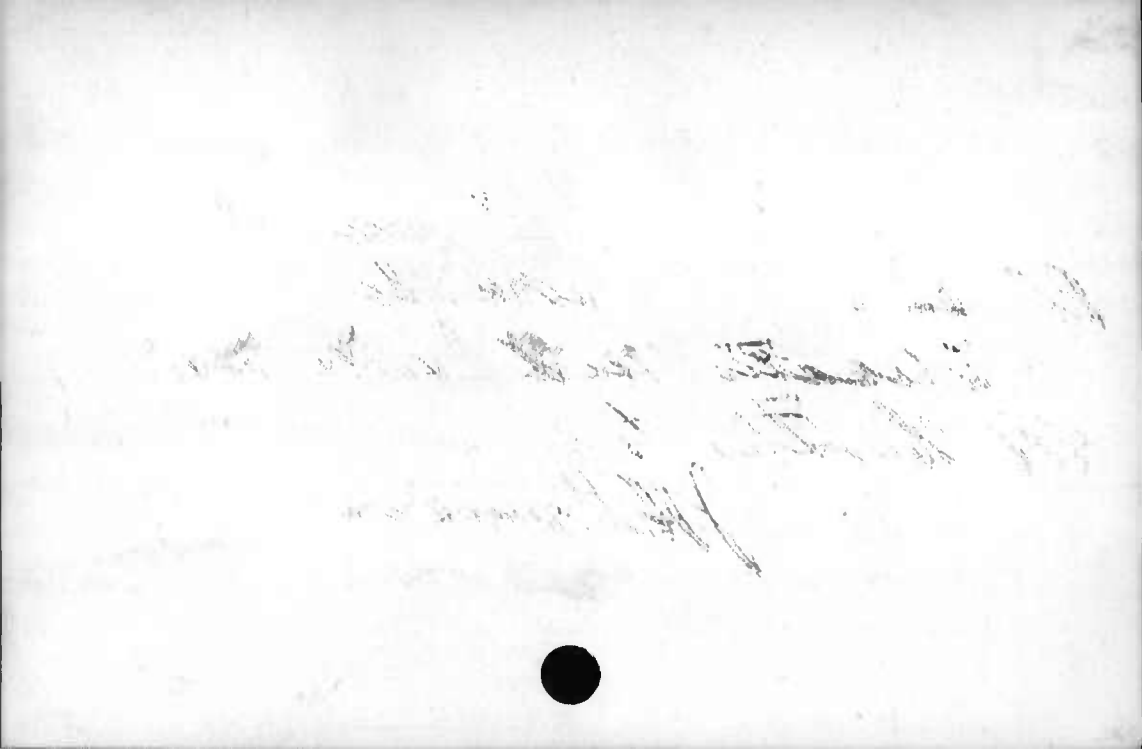
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Barnesville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1904</i>	Month <i>July</i>	Day <i>10</i>	Age <i>68</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birthplace	<i>Montgomery, Ala</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or	<i>Flora Only</i>			
Father's Name	<i>Lucas Only</i>				Father's Birthplace	<i>Montgomery, Ala</i>	
Mother's Maiden Name	<i>Not Known</i>				Mother's Birthplace	<i>--</i>	
Name of person giving information	<i>Berger Only</i>				How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Mitral disease of heart</i>	How long	<i>two years</i>
Immediate	<i>Mitral Insufficiency</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. H. Starnes</i>
<i>yes</i>		Address	<i>Barnesville Maryland</i>
<i>Barnesville</i>			
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

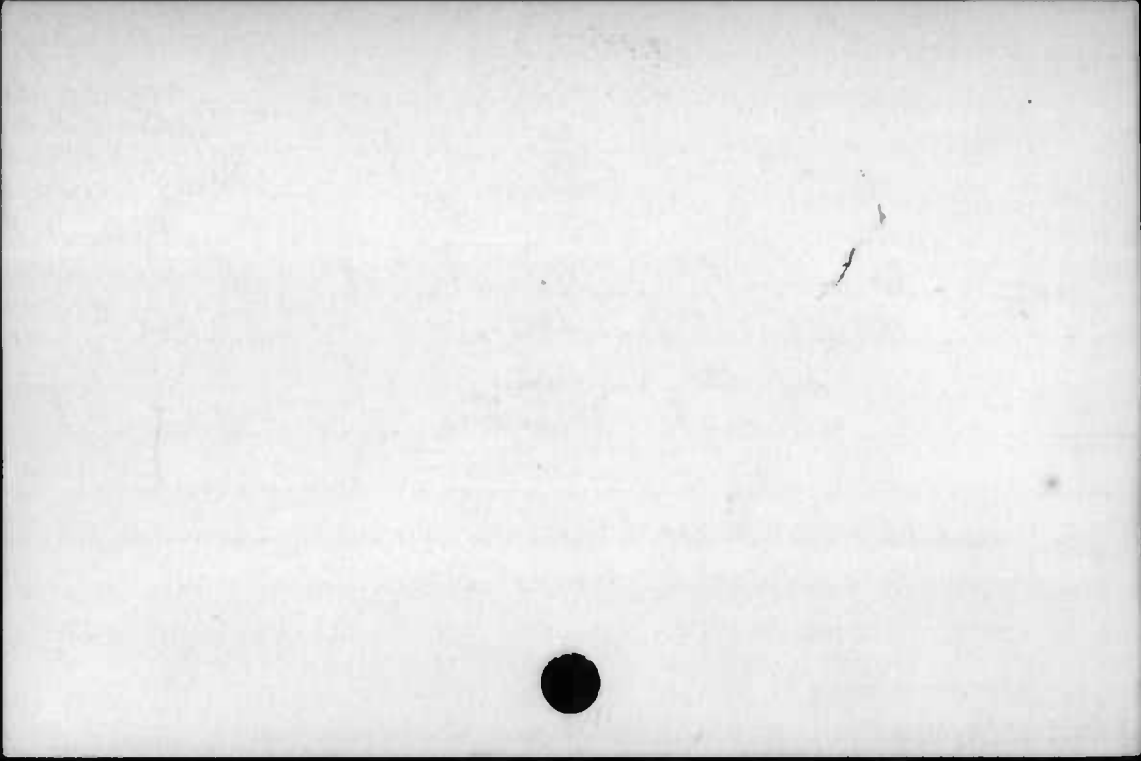
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Prather</i>		Town <i>Hackensack</i>		County <i>SS</i>		MARYLAND	
Died at <i>Hackensack</i>		Month <i>Feb</i>		Day <i>7th</i>		Age <i>35</i>	
Date of death <i>1906</i>		Years <i>18</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Gaithersburg Ind</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isaiah</i>		Father's Birthplace <i>Ind</i>			
Father's Name <i>Moss Thompson</i>				Mother's Birthplace <i>"</i>			
Mother's Maiden Name <i>Don't know</i>				How related to deceased <i>Husband</i>			
Name of person giving information <i>Isaiah Prather</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Dementia</i>	How long <i>10 days</i>
Immediate <i>Tetanus</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Thompson</i>
	Address <i>Gaithersburg Ind</i>
Accident or Suicide?	





Name in Full

Certificete of Deeth

Name in Full *Katherine* Town *Cherry Chase* County *Prescott*  
 Died at *Cherry Chase* *Prescott* *hunting* MARYLAND  
 Date 19 *06.* Month *Aug* Day *30* Age *88-6* Y. M. D. Native of *Ala.* Occupation *house*  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~ *Two*

Husband of  
 Wife

Father's Name *LaChan Robbins* Mother's Maiden Name

Cause of Death { Primary *Senile debility* Immediate *Exhaustion* } How long sick *3 years*  
*154* Accident, Suicide, Homicide

Reported by *Dr. W. D. Dymunian M.D.*  
 Address *1312 L St. N.W.* *Washington - D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Hanland</b> Town		<b>Montgomery</b> County		<b>MARYLAND</b>	
Date of death <b>1906</b>	Month <b>July</b>	Day <b>18</b>	Years <b>27</b>	Months <b>10</b>	Days <b>13</b>
Sex <b>Male</b>	Color or Race <b>Black</b>	Birthplace <b>Maryland</b>			
Occupation <b>Labour</b>	Where Residing if not at place of death <b>_____</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Priscilla Randolph</b>				
Father's Name <b>John Randolph</b>	Father's Birthplace <b>Virginia</b>				
Mother's Maiden Name <b>Martha Lar</b>	Mother's Birthplace <b>Maryland</b>				
Name of person giving information <b>Martha Lar</b>	How related to deceased <b>Widow</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Tubercula</b>	How long <b>2 1/2</b> years
Immediate <b>Asphyxia</b>	How long <b>Twelve hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>D. Wilson Jones M.D.</b>
	Address <b>Burtonsville Maryland</b>
Accident or Suicide? <b>_____</b>	

Martha Lee

Mrs. Annie Elizabeth Riggs

Town

County

Died near BrookvilleMontgomery

MARYLAND

Date 1906 Month July Day 17<sup>th</sup> Age 71 Y. 3 M. 14 D. Montg. Co. Native of Housewife  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Jno. A. RiggsFather's Name Enoch B. HuttonMother's Name Elizabeth Ann Hutton

Cause of Death { Primary Heart failure super-  
 Immediate induced by Indigestion

How long sick 2 days  
 Accident, Suicide, Homicide

Reported by Wm. T. Green, M.D.Address Brookville, Md.



Name  
in  
Full

Bernard Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bethesda</u> Town			<u>Montgomery</u> County			MARYLAND		
Date of death <u>1906</u>		Month <u>July</u>	Day <u>27</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>24</u>	
Sex <u>Male</u>			Color or Race <u>White</u>			Birth-place <u>Unknown</u>		
Occupation <u>—</u>				Where Residing If not at place of death <u>Foundling Asylum Street.</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>			<u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			<u>Unknown</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Dr. John Foote</u>			<u>151</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Manusmus</u>	How long <u>From birth</u>
Immediate <u>Cardiac depression</u>	How long <u>Three days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Geo. A. Foote</u>
	Address <u>Foundling Asylum Home</u> <u>Bethesda Md.</u>
Accident or Suicidal? <u>—</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

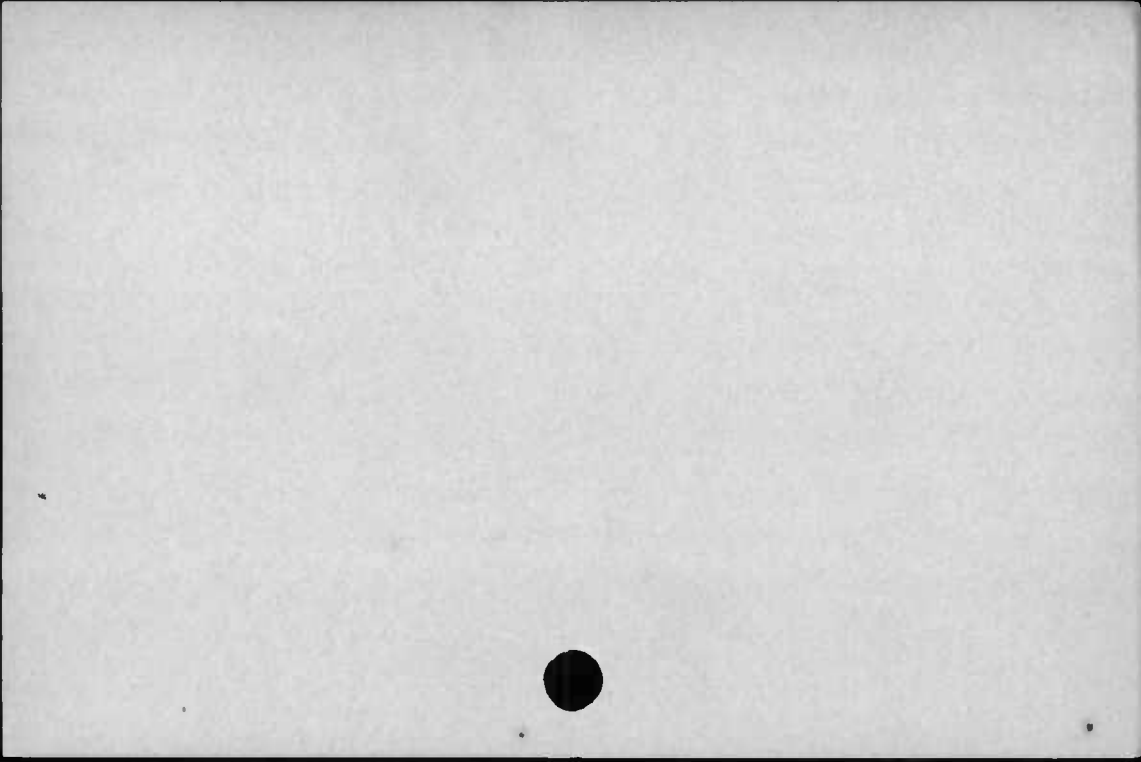
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Thomas Raymond Smith</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Portbeck</i>		Town <i>Portbeck</i>			
Date of death	1906	Month	July	Day	26
Age	One	Years	7	Months	18
Sex	Male	Color or Race	Colored	Birth-place	Montg. Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas Smith	Father's Birthplace	Virginia		
Mother's Maiden Name	Carrie Askins	Mother's Birthplace	Montg. Co. Md.		
Name of person giving information	Thomas Smith	How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough</i> (S)	How long	<i>One month</i>
Immediate	<i>Pneumonia Catarrhal</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. Farguhar</i>		
	Address <i>Olney Md.</i>		
Accident or Suicide?			



Name  
in  
Full

Amanda Spring

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>London</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1906	Month	July	Day	1
Age	65	Years	2	Months	—
Sex	Female	Color or Race	Black	Birth-place	md
Occupation	Servant		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	Widow	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	<input checked="" type="checkbox"/>			Father's Birthplace	md
Mother's Maiden Name	<input checked="" type="checkbox"/>			Mother's Birthplace	md
Name of person giving information	W. L. Davis			How related to deceased	none

## CAUSES OF DEATH

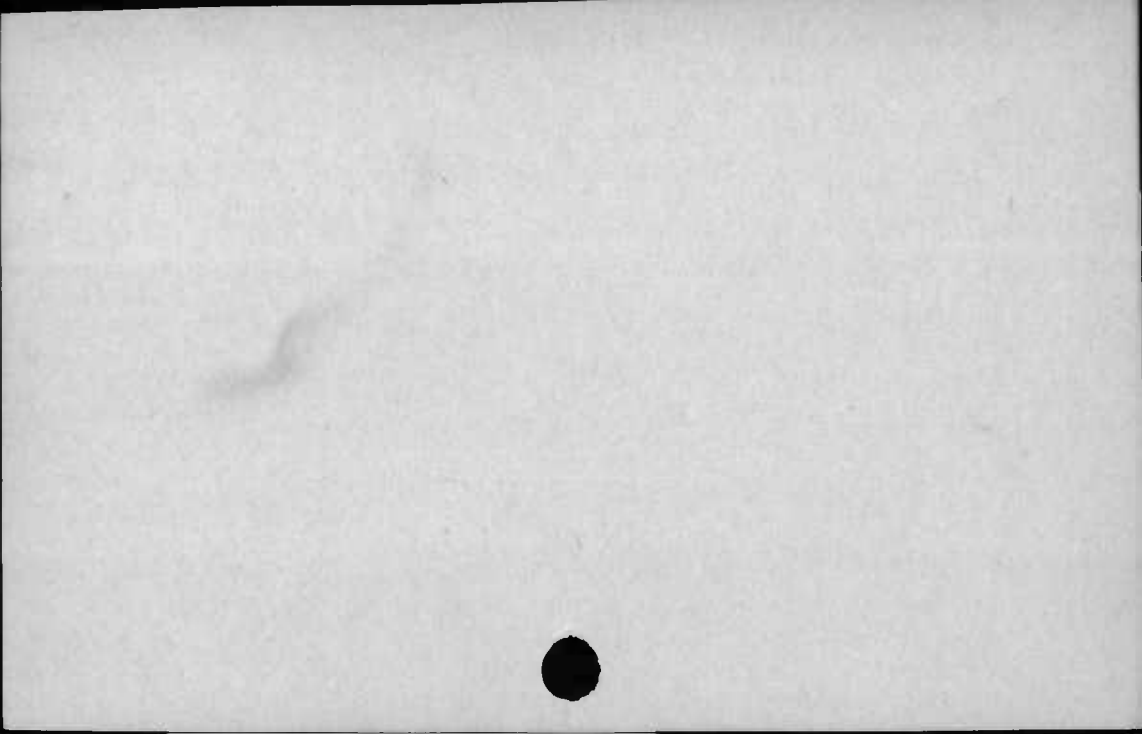
PHYSICIAN  
OR CORONER

Primary	<u>Senility</u>	How long	1 yr
Immediate	<u>Valvular Dis of Heart</u>	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. L. Davis</u>	
<u>Yes</u>		Address <u>Kingston</u>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name in Full		Charles Stabla				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ashton <sup>Town</sup>		Montgomery <sup>County</sup>		MARYLAND
	Date of death	1906	Month	7	Day	24	Age
					Years	78	Months
							Days
Sex		Male		Color or Race		American white	
Birth-place		Montgomery Co.		Occupation		Farmer	
Where Residing if not at place of death		Ashton		Married, Single or Widowed		Single	
Name of Wife or Husband		Sarah B Kirk		Father's Name		Calib Stabla	
Father's Birthplace		Montgomery Co.		Mother's Maiden Name		Ann. Moore	
Mother's Birthplace		Montgomery Co.		Name of person giving information		Robert H Miller	
How related to deceased		Sun in law					

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Paralysis	How long
	Immediate	Coma.	2 years
	Are the name, age, sex, color, date and place correctly given above?	yes	How long
	Signature of Physician	Roger Brooks	6 days
Address		Sandy Spring Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

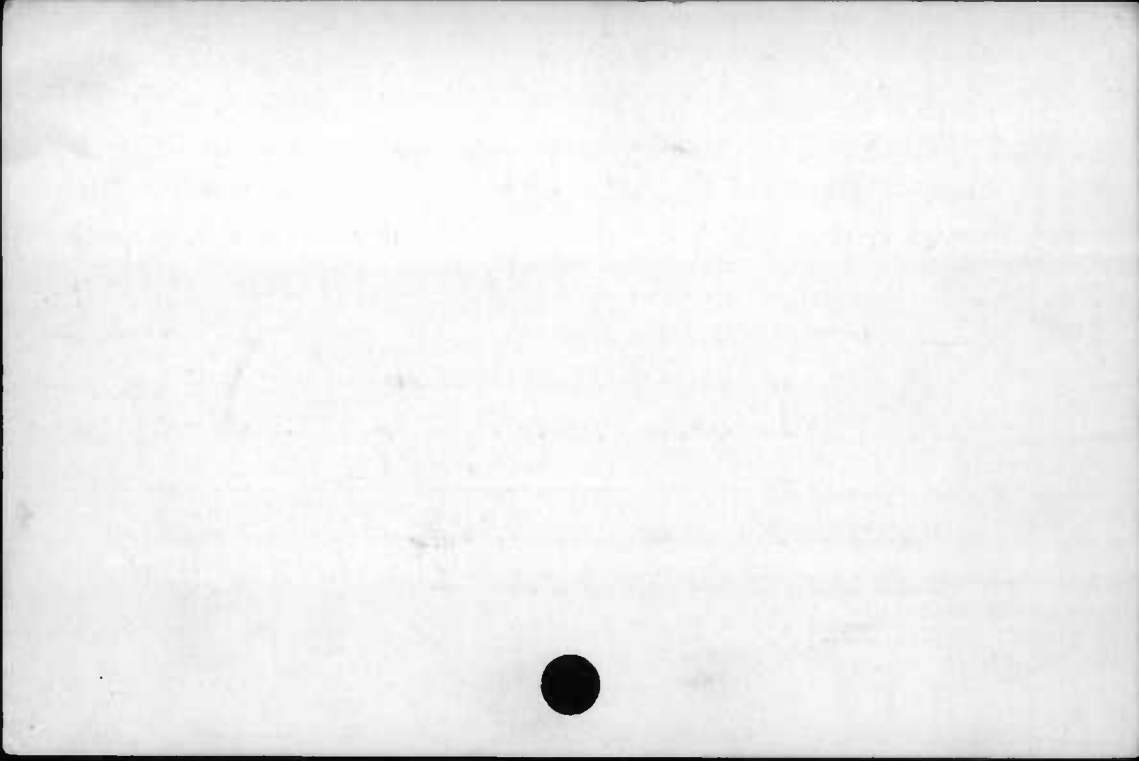
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary A Umbaugh</i>		Town <i>Harrestown</i>		County <i>Montg</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>9</i>		Age <i>74</i>	
Date of death <i>1906</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>La.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Taylorstown La</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Michael Umbaugh</i>					
Father's Name <i>Albert Best</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Elizabeth Goodhart</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John T. Best</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Gastralgia</i>	How long <i>Five or six years</i>
Immediate <i>Cholera Morbus-Entero-colitis</i>	How long <i>Four days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Nourse M.D.</i>
	Address <i>Harrestown Md</i>
Accident or Suicide? <input type="checkbox"/>	





Name  
in  
Full

Clara Weirs

## CERTIFICATE OF DEATH

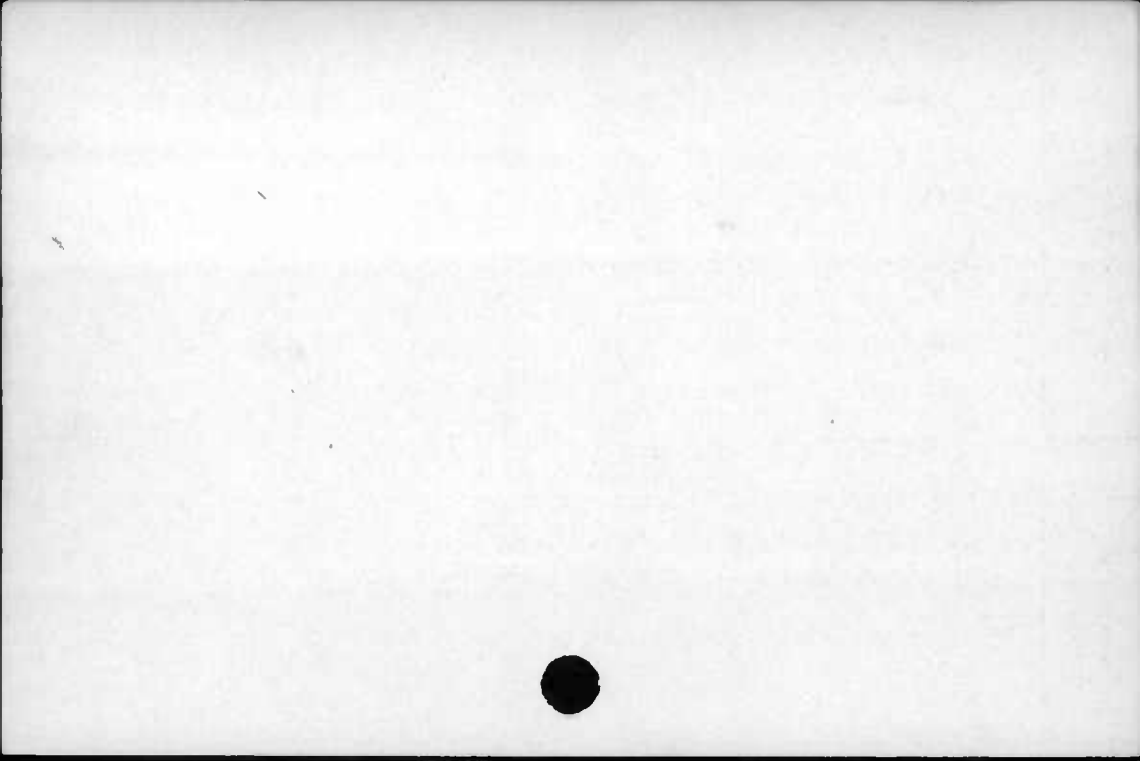
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gaithersburg</u> Town		<u>Montg</u> County		MARYLAND	
Date of death	190 <u>6</u> Month <u>July</u> Day <u>29</u>	Age	Years <u>33</u>	Months <u>0</u>	Days <u>8</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Pookville</u>
Occupation	<u>House wife</u>	Where Residing if not at place of death <u>Gaithersburg</u>			
Married, <del>single</del> or <del>widow</del>	<del>Name of Wife or</del> Husband	<u>Eliqha Weirs</u>			
Father's Name	<u>Thomas Hickman</u>	Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Mary Trundle</u>	Mother's Birthplace	<u>Md</u>		
Name of person giving information	<u>Eliqha Weirs</u>	How related to deceased	<u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gastritis</u>	How long	<u>1 m</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician	<u>Gaithersburg</u>
		Address	<u>26, Glenview Rd.</u>
Accident or Suicide?			



Name in Full		Victorine Worfield				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Roadville</u> <sup>Town</sup>		<u>Monroe</u> <sup>County</sup>		MARYLAND			
	Date of death 190 <u>6</u> <sup>Month</sup> <u>7</u> <sup>Day</sup> <u>6</u>		Age <u>3</u> <sup>Years</sup>		Months		Days	
	Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Ind</u>			
	Married, Single or Widowed <u>X</u>		Occupation <u>X</u>					
	Name of Wife or Husband <u>X</u>							
	Father's Name <u>Andrew W Worfield</u>				Father's Birthplace <u>Ind</u>			
	Mother's Maiden Name <u>Ella Dancy</u>				Mother's Birthplace <u>Ind</u>			
	Name of person giving information <u>—</u>				How related to deceased <u>—</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>		(27)		How long <u>6 mos</u>			
	Immediate <u>Exhaustion</u>				How long <u>1</u>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>O. M. Williams</u>					
			Address <u>Roadville Ind</u>					
	Accident or Suicide?							



Name  
in  
Full

Otto Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cedar Grove* <sup>Town</sup> *Montz* <sup>County</sup> *MARYLAND*

Date of death *1906* <sup>Month</sup> *7* <sup>Day</sup> *17* <sup>Age</sup> *1* <sup>Years</sup> *4* <sup>Months</sup> *10* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *\_\_\_\_\_* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

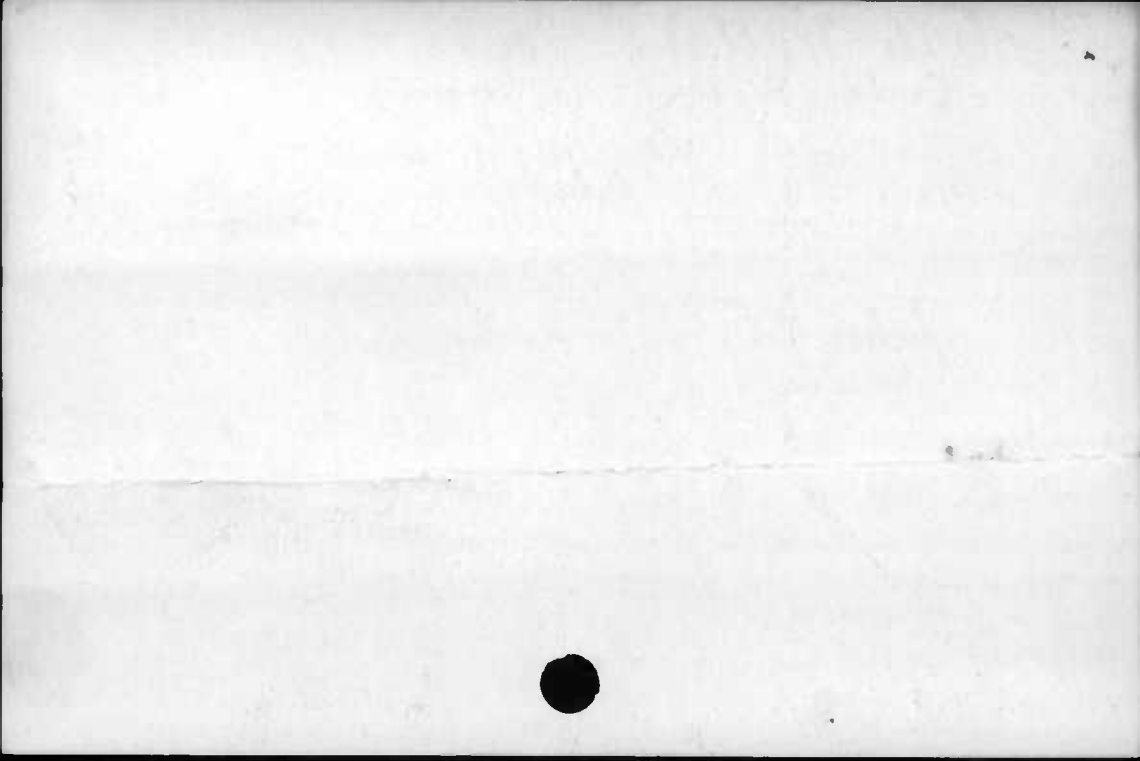
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

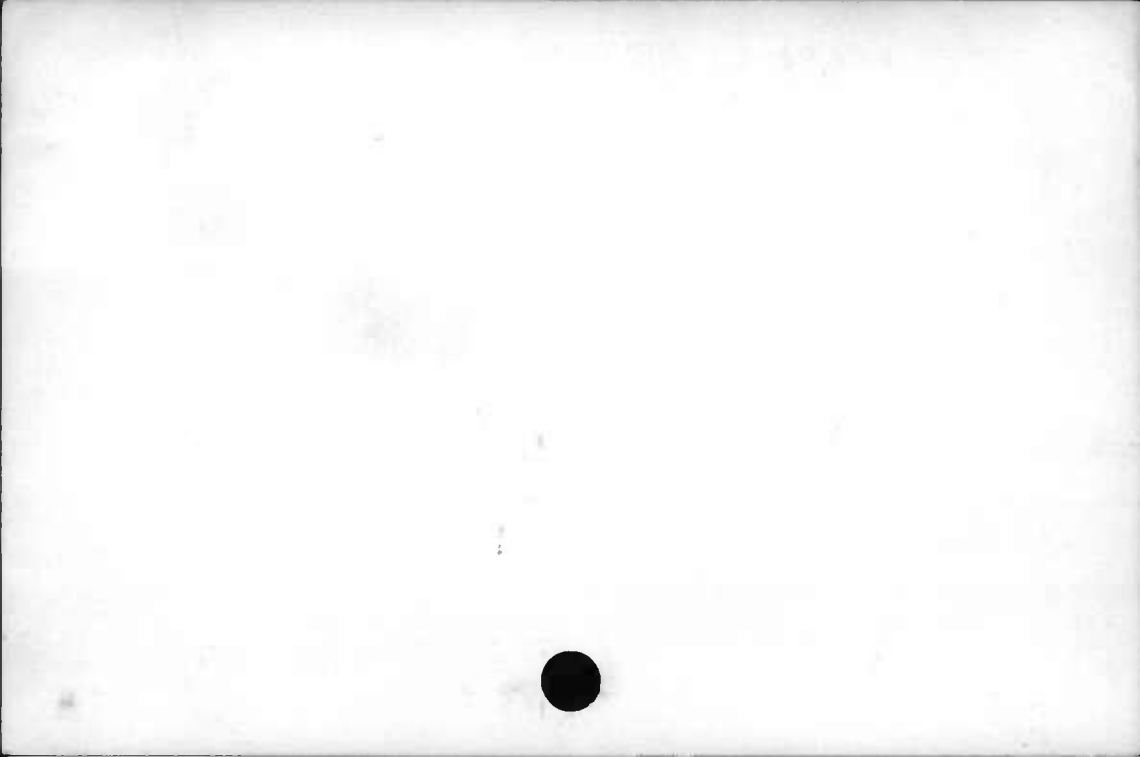
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		6	Month	26	Day	2	Year
Sex		Female		Color or Race		Colored	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Father's Name		Father's Birthplace	
				Mother's Maiden Name		Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Entered Chest	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			





Willie Woodard

Town

County

Died at

Brookville

Montgomery

MARYLAND

Date 1906 July 20 1906 18 - - Montg Co.  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

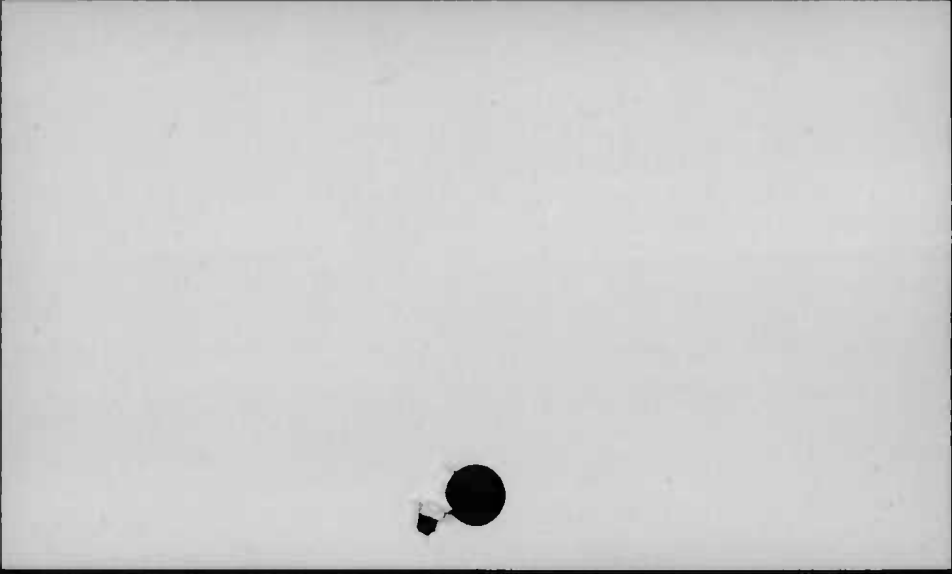
Father's Name Charlie Woodard Mother's Name Emma Williams

Cause of Death { Primary Indigestible food How long sick about 4 days  
 Immediate Eclampsia 70 Accident, Suicide, Homicide

Reported by Dr. W. F. Green,

Address Brookville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

Margaret Young

Town

County

MARYLAND

Died at

Poolesville

Mont. Co

Date

Month

Day

Years

Months

Days

of death 1906

July

1st

Age

76

10

14

Sex

feminine

Color or  
Race

white

Birth-  
place

Poolesville Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

widowed

Name of Wife or  
Husband

Isaac Young

Father's  
Name

Henry Young

Father's  
Birthplace

Washington Co.

Mother's  
Maiden Name

Margaret Chismell

Mother's  
Birthplace

Mont. Co

Name of person giving  
Information

Lucretia G. Clazett

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

La-grippe

How long

4 weeks

Immediate

acute brastitis

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

B. W. Walling  
Poolesville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

